This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/24/08</u>	Address:	Brookwood Apartments
Case #:	<u>52-44995</u>		Turtle Creck Drive N
County:	<u>Marion</u>		Indianapolis, IN 46237
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	eleck all that apply) Hotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
⊠ Flammable Solvents: open air			
Water Reactive Metal (Lithium): original containers			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Open air			
Corrosive Base:			
Other (item and location);			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephodrine/Pseudocphodrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: Perry Township ortment: Marion Co Health ction Service:	Fax: 317-22 Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591			

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.